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ABSTRACT

The guidelines presented are intended to assist recreation agencies in extending their services to handicapped children. Basic information is given on getting a program started: services to provide, staffing, funding, program coordinator, facilities, locating equipment, volunteers, and where to obtain advice. Identified are the needs and potentials of minimally, moderately, and severely disabled children, and how these needs relate to programing. Listed in descending order of difficulty are some problems and solutions in providing recreation programs for handicapped children, such as parental and community anxiety about safety and related factors. Summarized briefly are 25 cases in which agencies have used creative and innovative approaches to activate existing resources for recreation service. (KW)

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SERVING DISABLED CHILDREN: GUIDELINES FOR RECREATION AGENCIES

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SERVING DISABLED CHILDREN:

GUIDELINES FOR RECREATION AGENCIES

PART III

OF

ENHANCEMENT OF RECREATION SERVICE TO DISABLED CHILDREN

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NEW YORK UNIVERSITY

SCHOOL OF EDUCATION

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PREFACE

To those of you who haven't yet tried it--and to some who have--the idea of extending your recreation services to children with disabilities may seem formidable. But the very fact that you intend to read this booklet suggests that you are concerned with this facet of responsibility to your public(s).

The guidelines in this booklet represent the combined experience of hundreds of recreation agencies throughout the United States. The booklet is one outcome of a three-year study, in which personnel were interviewed in agencies providing recreation service to children. These interviews constituted a follow-up study, based on findings of a nation-wide survey to identify agencies in which recreation services are offered to children with mild, moderate and severe physical or mental limitations. The research team is greatly indebted to each and every person in the public recreation agencies and in the community and youth-serving agencies who so generously gave time, thought, and information about how to get programs for children with disabilities started and how to keep them going.

Chapters I and II provide basic information for planning services to these children.

In Chapters III, IV, and V you'll find descriptions of the needs--and the potentials--of children with varying degrees of disability.

Chapter VI lists problems and solutions in descending order of difficulty, from special needs of the children themselves to parental and community anxiety about safety and related factors.

Chapter VII presents twenty-five cases in which agencies have used creative and innovative approaches to activate existing resources for recreation service to children with disabilities.

The Appendices contain references to resources of all kinds: from "people" to "places" to "things" you can use to get your own programs and services going--and to keep them going--at ever-increasing levels of excellence.

In addition to expressing our gratitude to personnel in participating agencies, we thank every one who served on the Editorial Advisory Committee and on the Project Advisory Committee. (A glance at Appendices A and B will tell you who your friends are.

Every one who has taken part in the study shares the hope of the research team that this booklet will give you some concrete answers and practical solutions to questions and problems inherent in serving the recreative needs of children who--with the right kind of help--"CAN DO!"

New York, June, 1971

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YOUR ROLE IN HELPING CHILDREN WITH DISABILITIES

As an agency providing recreation services to children, you know the importance of play.

Children live in a world of play. Through play they first explore the environment around them, use their imagination to place themselves in various roles, and gain increasing awareness of how to get along with others. Just as important, however, play is the means by which they gain familiarity with themselves -- their feelings; their physical capabilities; their intellectual capacities.

While the great majority of American children freely exercise their birthright of play, there is a large minority who do so with varying degrees of difficulty or not at all. These are the millions of mentally and physically handicapped youngsters across our nation. Ironically, most of them are separated from play not so much by their disabilities, which often are sufficiently minor to be accommodated in regular or slightly modified recreation programs, but because the agencies operating such programs are often unaware of the relative ease with which they can help disabled youngsters.

What is the result?

Cut off from play with other children -- a need as essential to their emotional and intellectual development as are food and air to their physical well-being -- disabled youngsters have little or no contact with the experiences that make childhood an exhilirating adventure and that lay the foundation for the child's role as a responsible and emotionally alive adult. On the contrary. With their formative years often restricted to the protective environment of their immediate family, many of these children lose their natural savor for life. The emotional peaks and valleys of childhood flatten out into a monotonous plain, with each day undifferentiated from the previous one and from the one to come. Cut off from developing their personal powers of choice and action, they become increasingly dependent upon others to make decisions for them and to give direction to their lives. Denied contact through play with other children, they have little opportunity to develop the personal relationships that make life exciting and worthwhile or the physical capabilities essential to good health. Rather, their social and physical insecurity forces them to turn inward, centering their thoughts increasingly upon their special needs and problems. With each passing year, their contact with reality diminishes even as their sense of passive hopelessness grows. All too often, they come finally to view themselves not as vital, worthy human beings who happen to have a particular disability, but as fragile medical cases whose disability controls their lives.

As an agency primarily concerned with play and recreation, your programs in their present form or with varying degrees of modification can give disabled children in your community the support and encouragement they need to develop many of the intellectual, social, emotional, and physical capabilities enjoyed by their non-disabled peers. You can also help the families of these children to view them as resourceful human beings who can lead rewarding lives when given appropriate aid and guidance.

How can a recreation or youth-serving agency help retarded

children?

It can provide them with recreation activities in an atmosphere of understanding and acceptance, making it possible for them to develop physical reflexes and coordination in approximate keeping with their chronological age. It can also bring them together with children like themselves, and often with non-retarded children, helping them to widen their range of social skills. Thus, by gradually giving retarded children a growing sense of their ability to perform well in social and physical areas, a recreation agency enables them to develop a feeling of mastery over themselves and their environment. This achievement not only helps the children feel better about themselves, but leads their parents or guardians to an improved understanding of how to meet their needs through patient efforts by the family.

How can a recreation or youth-serving agency help physically handicapped children?

It can provide them with recreation activities to improve the use of their unimpaired capabilities and to create a physical outlet for the emotional tension stemming from their handicap. By awakening their intellectual as well as physical interests, it can spark their desire to succeed at tasks which once meant only frustration and failure. The result: a lessened feeling of inferiority, and an increased sense of independence. And it can bring them together with disabled and non-disabled children, thus encouraging them to become more aware of social attitudes and more adept at social skills. Taken together, the gradually evolving physical skills, intellectual interests, and social abilities of physically handicapped children are more than a source of immediate satisfaction -- important as that goal is; they are an important factor in the development of these children into adults who will exercise active command over their lives, not surrender them to their disabilities.

In the pages that follow, we will show how agencies such as your own have established recreation programs for physically handicapped and retarded children, the problems they encountered, and the solutions they achieved. Much of the information presented is the result of a comprehensive study of 612 recreation agencies nationwide that was conducted over a three-year period by the School of Education of New York University. It is our hope that in becoming aware of the experiences of these agencies, you will be better able to undertake a program of your own in response to one of our nation's greatest problems.

GETTING YOUR PROGRAM STARTED

1. What Services Should Your Program Provide?

How do you know what kind of recreation services for physically and mentally disabled children and youth are needed in your community? Unless you are already in fairly steady contact with these groups, you have to do some thorough local research to find out. If possible, get your council of social agencies to cooperate with you in conducting a community survey. If this is not possible in your community, contact local school boards, hospitals, social and health agencies, and organizations such as your local Association for Retarded Children. The information you acquire from these sources will help you answer questions such as these:

a. How many mentally and physically handicapped youngsters live in the community?

b. What proportion of them can be realistically absorbed with minimal special help in on-going programs, and what proportion will require special programs?

c. How broad are the recreation services already provided to these children, and which agencies provide them?

The answers you come up with will be important for three reasons:

a. They'll tell you what recreation services are already available and which additional ones are necessary;

b. They'll give you a preliminary idea of the size and scope of services your program should provide and what types of coordination with other agencies are needed;

c. The facts you uncover will be useful to have on hand when you set out to convince a sponsor of the need for your program.

Information such as this will help determine the responsibilities you can reasonably undertake and the extent to which you can share them with other agencies.

2. How Do You Staff Your Program?

The nature and number of your personnel will depend upon the severity of the disabilities suffered by the children in your program. If a large number of these youngsters are no more than minimally or moderately handicapped, it will probably be possible for you to operate your program with your present staff, augmented only by periodic consultant help.

Major sources of regular staff and consultant aid are job placement bureaus, professional organizations such as the National Recreation and Park Association and your state recreation society, charitable institutions serving the handicapped such as the National Easter Seal Society and the National Association for Retarded Children, regional, private and public health and recreation associations including those which specialize in services to

the non-handicapped, and local schools, colleges and universities which provide training in recreation. People from the community with special skills in areas such as art and music will often make available their services either free or at reduced fees. Another source of staff that will become increasingly available in the coming years are graduates of two-year community colleges and paraprofessionals taking career training in locally based city, state, and federal programs.

3. How Do You Fund Your Program?

Bear in mind that minimally -- and moderately -- handicapped children can probably be integrated into your on-going program at little or no extra cost. However, if you are planning to provide services for severely disabled youngsters, you may find it necessary to seek extra funding.

Some states such as New York, California, and Illinois reimburse local communities that provide recreation services to disabled children and youth. If your state does not do this, you can join with other agencies and community groups in influencing legislation toward the adoption of such a program.

When initiating special programs, public recreation departments should seek additional budget allowances. Parents' organizations sometimes provide funding for public and private agencies; public agencies prohibited by law from soliciting such funds have often overcome this restriction by forming private auxiliary branches. For most agencies, private as well as public, additional sources of funds include public-spirited individuals, foundations, and local service organizations such as the Junior Chamber of Commerce; Kiwanis, Lions, and Rotary Clubs; the Junior League; the National Council of Jewish Women; professional women's clubs. (You can often encourage these organizations and individuals to contribute funds by naming facilities after them and by recognizing their efforts through plaques and other awards.) Also, don't overlook the general public. You can reach this latter group through rummage sales, resale shops for used clothing and other items, concessions at fairs and carnivals, movie and concert benefits, cover charges at local evening clubs and taverns.

4. What About Your Program Coordinator?

When your program is still in its early stages, you will probably be able to conduct it personally as part of your overall responsibilities; however, as it grows larger, you may need to hire a coordinator to take charge of it. Such a person should have concrete plans to operate the program, and should know how to develop activities varied and interesting enough to keep the continuing interest of all its participants. Ideally, he should be a professional recreation specialist who combines at least five years of experience in community and institutional recreation with an education in therapeutic recreation. While part-time coordinators, even on a voluntary basis, have operated successful programs once given the full cooperation of sponsors, parents, and volunteers, the trend in recent years has been to hire a full-time coordinator to set up and operate the program and to train its staff. If you can't find an experienced coordinator, bear in mind that the person you hire can depend to a large extent upon consultation provided by recreation

specialists in nearby institutions, professional staffs of health agencies, and special education teachers in local school systems. And he can obtain skilled program assistance from organizations such as the National Theraputic Recreation Society (Appendix C).

5. The Question of Facilities

Many of the non-severely handicapped youngsters served by your program will be able to use your regular facilities; some special provision, however, will often have to be made for children who are severely handicapped. Chances are your agency has some facility which can be used by this latter group, particularly during non-peak hours. For example, perhaps you can provide space for a morning program for children on homebound teaching. If you find that additional space is absolutely necessary, however, you can sometimes have donated to your program or rent at a reduced rate the facilities of schools, colleges, churches, fraternal organizations, some commercial agencies and even dance studios and bowling alleys.

The facilities you select to serve your severely disabled youngsters must meet all their physical requirements. For example, corridors should be wide enough to permit the passage of wheelchairs in both directions at the same time and to enable a single wheelchair to turn around; you must be able to install portable ramps to do away with the need to move up and down steps; if part of your program is to take place above the ground floor, you will need an elevator large enough to accommodate a wheelchair as well as other equipment used by physically disabled youngsters. Toilet facilities are of prime importance: doorways should be at least 32 inches wide (you can often gain about two inches of vital space by taking the toilet door off its hinges and replacing it with a curtain); the door should open outward toward the person in the wheelchair, or, again be replaced with a curtain; the toilet stall itself should be at least forty-two inches wide and should have handrails enabling the person to lift himself in and out of his wheelchair.

In this section we have necessarily stressed the special features your facilities will need to adequately serve disabled youngsters -- facilities which will also make your program safer and more effective for your regular groups of non-disabled youngsters. Beyond such special features, your facilities for the disabled need be no different from those you would normally provide for any recreation program. Thus, you will be looking for space large enough to accommodate all the children without a sense of crowding or confusion, lavatories within easy reach, unobstructed and easily accessible regular and emergency exits, readily reachable telephones, windows equipped with locks to prevent their being easily opened in a playful mood.

If you expect to remodel your present facilities or to design new ones and wish to find out how to make them useable for both handicapped and non-handicapped children, refer to "Outdoor Recreation for the Physically Handicapped - A Handbook of Design Standards" and "American Standard Specifications for Making Buildings and Facilities Accessible to and Useable by the Physically Handicapped" (Appendix D).

6. Where Can You Find Equipment?

Ingenuity is an important factor in deciding what materials to use and how to use them. An old mattress on an auto spring, for example, can serve as an effective makeshift trampoline. By attending exhibits or organizations such as the American Association for Retarded Children, you can get good ideas on how to make the best use of existing material and also can find out what new materials are available. For the addresses of major national agencies issuing guidelines on the adaptation, purchase, and use of materials, see page in the appendix. You can also get similar items as charitable contributions from individuals or organizations, or buy them at reduced rates from local industries and merchants.

7. What About Volunteers?

The volunteers you now use in you regular program will form an important part of your program for disabled children as well. They'll prove extremely useful in working with the children on a personal basis, and in supporting the general operation of the program through activities such as chaperoning trips, handling a variety of clerical duties, preparing and serving refreshments, acting as the program's contact with the community at large, helping to locate places the group can visit, and sparking the interest of local citizens and agencies in the program. Some programs prefer a balance of young and mature volunteers -- the young ones to give the program's participants someone to identify with and emulate, the older ones to lend it an extra measure of mature and sympathetic understanding.

Sources of volunteers are numerous: unions and industry, neighborhood associations, high schools and colleges, organizations for young people, religious institutions, civic organizations, even local military installations. Also, don't overlook the parents of the youngsters in your program.

To successfully integrate volunteers into your program, find out beforehand about each one's special interests and abilities, and then use these in as many ways as possible. Be certain to give all volunteers a sound orientation and training program, including periodic refresher courses for those who have remained with you over a period of time. And, to keep volunteers continuously aware of their vital importance to your program, include them in staff meetings and in similar associations with your professional people, and present them with awards for service and performance.

8. Where to Go for Advice and Support

Once you've begun planning a recreation program for disabled children, chances are you'll be pleasantly surprised at the many people in your community who will be glad to provide help, advice, and encouragement. Usually affiliated with boards of education, social agencies, hospitals, universities, and libraries, they'll be happy to come down and talk with you and your personnel. They'll also be valuable guides to helpful materials ranging from films and tapes to library-compiled lists of stories for handicapped children and information for the adults who work with them.

PROGRAMMING FOR MINIMALLY DISABLED CHILDREN

Many youngsters officially designated as "disabled" have handicaps so minor that they can hardly be distinguished from their non-disabled peers. The factor that hurts these youngsters more than any other stems not so much from their handicap, but from society's lack of understanding of their innate abilities. The most important thing you can do for these youngsters is to look beyond the label "handicapped" pinned onto them and to see them as they really are. Once you've done this, you will find that they can be integrated smoothly and completely into your normal recreation program, with little modification necessary in your on-going activities and few or no additions needed in your regular staff.

The Minimally Retarded Child

These youngsters are the educable retarded. Behaving very much like non-retarded children, they may differ only in the slightly slower pace at which they learn and, often because of the social isolation they have suffered, may be more at ease with younger children than with those their own age.

All the activities you provide to non-disabled youngsters, whether these take place in the playground, day camp, or residential camp, will prove equally enjoyable to minimally retarded children. Swimming, ball playing, calisthenics, music, arts and crafts, drama, hiking, general waterfront activities -- all these areas of participation, with practically no modifications at all, are well within the competence of the minimally retarded child.

The Minimally Brain-Injured Child

Brain-injured youngsters have the same range of intelligence as other children their age, but may have slight disturbances in perceptual abilities. The major difference between them and other children is their lesser ability to tolerate frustration, resulting in some behavior problems. Even these difficulties, however, can often be controlled or at least reduced in severity with the proper medication. In all other ways -- mentally, physically, emotionally -- the brain-injured youngster is very much like children who do not have his disabilities. He will prove equally adept at, and enjoy just as much, all the activities you provide to the non-disabled boys and girls in your program. An important factor that will help integrate the brain-injured child with other youngsters: because he does not differ outwardly from them in physical appearance, there is little likelihood that they will point him out as being "different."

The Minimally Physically Handicapped Child

Minimal physical disabilities have little effect upon a child's ability to function physically, mentally, or socially. Examples of such minor handicaps include the partial lack of a limb, and slight impairments in vision and hearing. Like children who are minimally retarded or minimally brain-injured, those who have minor physical handicaps can participate effectively in all your regular recreation activities. Any adjustments necessary will be relatively few and usually quite small: for example, if a child has a slight

hearing difficulty, you will want to keep him within close earshot; if he has visual problems, you will want to place him where he can easily see what is going on; if he lacks a limb, or has one that is deformed, you may have to help him get in and out of the swimming pool and aid him in other purely physical activities. Bear in mind that while a particular physical disability may diminish a child's competence in activities whose performance depends upon that part of his body, it will have no effect upon other areas of performance in your program. Thus, a youngster whose leg has been amputated below the knee may not be able to play a standard game of volley ball, but will be able to take part with vigor and enthusiasm in activities such as arts and crafts, music -- even swimming.

PROGRAMMING FOR MODERATELY DISABLED CHILDREN

The handicaps of youngsters termed moderately disabled are somewhat more pronounced than those described in the section for the minimally disabled child. Nevertheless these disabilities fall far short of eliminating youngsters from recreation activities. Almost all children with moderate disabilities can take part sucessfully and enjoyably in a regular recreation program. Any adjustments you will have to make for them are usually quite minor and easy to carry out. And, even if you don't have on staff a specialist in programs for disabled children, you can always get the necessary help, if you should need it, from local health agencies and hospitals.

The Moderately Retarded Child

Moderately retarded youngsters display one or more general characteristics: they have poor muscle tone and physical coordination (difficulties stemming as much from the child's lack of exercise as from his disability); they are socially backward to some extent (a characteristic often partially due to a life of social isolation); they may have speech problems resulting from their disabilities; and they may find it hard to understand abstract concepts. Despite characteristics such as these, the moderately retarded child is usually able to participate quite well in your regular recreation program. Physical activities of all kinds are especially useful for him, helping him develop better muscle tone and physical coordination. Games providing the youngster with important physical exercise, such as volley ball, should be simplified to avoid confusing him with rules he may not be able to understand. Equally useful for the same reasons are other games of low organization. Because of the moderately retarded child's difficulty with abstractions, the best way to teach him an activity is not by telling, but by showing. For example, if you're teaching the child how to swing a bat, put the bat in his hands, place your arm around him, and with your hands in his, actually swing the bat with him.

By making the extra effort necessary to help the moderately retarded child, you'll find him eager -- and able -- to become a fully active member of your recreation program.

The Moderately Brain-Injured Child

One of the most important characteristics of brain-injured children is the ability to take part in the same range of recreation activities enjoyed by non-disabled children. Part of the reason for this is that brain-injured children differ from other youngsters their age in degree rather than in kind. Thus, while moderately brain-injured youngsters may be somewhat less socially mature and more hyperactive than other children, and may exhibit a lower tolerance for frustration as well as poorer coordination, they have an equally strong need for recreation and an equally wide capacity for its enjoyment.

An activity of great benefit to the brain-injured child is swimming. The relaxing nature of the water, and the physical release it affords, helps him work off much of the hyperactivity stemming from his disability. Other helpful and enjoyable activities are those referred to earlier

in the sections for minimally brain-injured and minimally-retarded children.

In working with the moderately brain-injured youngster, your chief concern will not be "can he take part in this or that activity?" but "does he need more individual attention than the other children in my program?" If your answer is "yes," you can help the child by placing him in a smaller group or by enlisting several additional volunteers for your program.

The Moderately Physically Handicapped Child

The term "moderately physically handicapped" applies to children with several kinds of disabilities. These include youngsters who are able to move about largely with the aid of implements such as single leg braces, canes, crutches, and artificial arms and legs; children whose heart disease limits their endurance; youngsters whose arthritic condition causes pain, fatigue, and problems in dexterity; and, to a somewhat lesser extent, diabetic children who fatigue easily but function well in all other respects.

Because the children described above have disabilities more pronounced than those of minimally physically handicapped youngsters, the activities you provide for them will require somewhat more modification. This is particularly true for youngsters with locomotion problems. Generally speaking, however, the truth expressed in relation to the minimally physically handicapped child applies as well to the moderately handicapped youngster: disabilities that affect the child's competence in one area of your recreation program will not necessarily diminish his ability in other areas. It's an important thought to keep in mind when you're considering programs for the handicapped.

PROGRAMMING FOR SEVERELY DISABLED CHILDREN

Severely disabled youngsters need the social and physical stimulation of recreation activities just as much, and probably more, than the boys and girls who are normally served by your program. This is true whether the youngsters' specific handicaps lie in the area of brain injury, mental retardation, or physical malfunction. In undertaking programs for these children, you should realistically be aware of one fact from the start: while you will not have to limit for them the range of activities you regularly provide, you will probably have to modify to some degree the nature of the activities themselves. And, because of the severity of their handicaps, you will find it most advantageous to keep them in groups with children of like disabilities, rather than attempting to integrate them with less disabled children. Experts from local hospitals and health agencies can work with you and your staff in planning and carrying out activities and programs; most advantageous for this purpose, of course, would be a specialist as a permanent part of your staff.

The Severely Mentally Retarded Child

In most communities these youngsters form the smallest group of mentally retarded children, with some of them requiring frequent or permanent hospitalization. While their major handicap is an almost total inability to understand abstractions, they are often hampered as well by very poor muscle tone and physical coordination, factors resulting in severe movement problems. Other characteristics often noted in severely mentally retarded children are multiple disabilities sometimes necessitating the use of a wheelchair, and major problems in speech.

Despite these imposing handicaps, severely retarded children share an important positive feature: a slow but steady stick-to-itiveness that leads them consistently onward, given the proper help, toward improvements in many areas of living such as the development of proper habits in eating, dressing, and toilet care.

For recreation programs such as your own, this characteristic of diligent application promises some assurance of success at modified versions of the activities you normally provide. Particularly important here are activities that will help the severely retarded child improve his physical movement and coordination. These might include games of low organization, simple folk dances, and simplified calisthenics. Whatever activities you provide to these youngsters, be sure to explain them step by step in as concrete a way as possible; also try to give the children the individual help they need by integrating them in small groups, and by making sure they receive adequate attention from your staff and volunteers.

The Severely Brain-Injured Child

The characteristics you are most likely to find among severely brain-injured children are speech and motion problems; perceptual difficulties resulting in strong reversals in reading and writing; visual and auditory problems to the point of total blindness and deafness; and volatile, uncontrolled behavior. It is only realistic to state that children of this type often find it most difficult to take part in programs requiring a normal "give and

take" with other youngsters. Nevertheless, with sympathetic patience and a proper understanding of their difficulties, much can and has been done to give them the recreation activities they so desperately need. Like the severely retarded youngsters discussed earlier, they must be taught activities a step at a time, in a manner that is free of all distractions. To make this possible, and to exercise an effective command over any behavior problems that might arise, your chief need will be an adequate supply of well-prepared, resourceful volunteers. Often these can be your regular volunteers with special training in the area of the handicapped, and with access to expert consultant help.

Working with the severely brain-injured child is not an easy task and requires special effort by you and your staff. But such programs are very much needed. Providing them represents a challenge -- and opportunity -- that can only be undertaken by agencies such as your own.

The Severely Physically Handicapped Child

Many youngsters covered by the term "physically handicapped" have been socially isolated for long periods of time; some have known nothing but isolation all their lives. For this reason, they tend to be somewhat immature socially, as well as to display a general lack of awareness of play activities.

Severely physically handicapped children are often double amputees; sometimes totally deaf or blind; and not infrequently confined to wheelchairs. On the surface it might appear that the recreation possibilities for them are quite discouraging, but this is far from the truth. Even children in wheelchairs take part in activities such as arts and crafts, music, and drama; social activities are as accessible to them as to any other youngster; and it is well known that they can and do participate in wheelchair sports such as basketball, racing, and archery.

In planning programs for the severely physically handicapped, you may want to consider the use of special equipment. This might include: sand and water tables at wheelchair height; dining tables and stools at varying heights; a safety belt attachment which enables a severely handicapped child to stand and work at a table; box-type swings, with a guard rail to prevent the child from falling out.

The attention you give to the physical equipment and environment of handicapped children should be applied with special emphasis to their swimming area. In using a lake, it is well to have along its sides an asphalt safety-surfaced walk, safety lines with floats to give the child security in the water, and an enclosed area to insure their safety. A pool, whether indoors or outdoors, should have a large area of shallow water and a wide deck with a slip-proof surface. Having the water flush with the deck makes it easy for children to enter the pool. Additional ways to achieve this end are steps with handrails leading into the water, a portable ramp, portable wooden blocks of graduated size, and special lifts to help the child in and out of the pool.

It would be fallacious to gloss over the very real difficulties that stand in the way of recreation for severely physically handicapped youngsters. Nevertheless, experience has shown that they are limited not so much by their disabilities as by the lack of creative and innovative programming available to them. Fortunately, this is a deficiency you can help to remedy.

PROBLEMS AND SOLUTIONS IN PROVIDING RECREATION
PROGRAMS FOR DISABLED YOUNGSTERS

In carrying out the survey on which these guidelines are based, the School of Education of New York University compiled data on the problems encountered by 612 agencies of all types, nationwide, and the solutions they developed in making available recreation services to disabled children and youth. By helping you become aware of these difficulties and how they may be ameliorated, we hope to enable you to take steps to prevent many of them from the start, or at least to deal with them effectively as they are encountered in your program. And, because many of these problems are common to programs for all children, your solutions to them should enable you to strengthen the full range of services you provide to non-disabled youngsters as well.

The agencies surveyed fall into twelve broad categories -- commercial agencies, churches, libraries, museums and zoos, county and municipal recreation departments, community centers, youth agencies, settlement houses, camps, voluntary agencies, health agencies, and hospital and residential schools. The problems reported by the agencies are listed below in order of severity, as gauged by the frequency with which they occurred.

Special Needs of Disabled Children

This problem derives from the particular needs of disabled children that set them apart from other boys and girls their age, and that make recreation programs for them a vital necessity.

No major problems were reported for the physically disabled, aside from adapting facilities for their use; in working with mentally retarded and brain-injured youngsters, it was found that many of their difficulties stemmed from their relative slowness in the area of learning. While this problem hampered programs aimed at the intellectual stimulation of the latter group of children, it was also detrimental to their understanding and carrying out certain physical activities requiring a high degree of coordination. It is encouraging to note that the problems reported were resolved with some degree of success by many agencies. Their solutions included moving particular children to a lower chronological age group, reducing the speed with which some children and groups were taught, changing teaching formats when necessary, organizing smaller groups, shortening learning sessions to allow for a diminution of interest, and beyond any one particular remedy, adopting the realistic attitude that retarded and brain-injured children are simply bound to require a greater need for repetition as well as extended opportunities for learning.

Reactions of Non-Disabled Users of the Agencies

Mentally and physically handicapped children suffer from disabilities that often set them apart from the non-handicapped population in directly discernible ways. These differences sometimes lead to apprehension on the part of non-disabled users of recreation facilities. In the School of Education's survey of recreation agencies, this was found to be the second most frequently encountered problem. Fortunately, it was susceptible to a wide range of solutions, most of which consisted of reducing the fears of the non-handicapped by helping them to meet and get to know the disabled children.

Thus, program staff gave preliminary talks to non-handicapped children and their parents about the special needs of the handicapped youngsters who would be joining their center; held small group conferences to work out problems of integration; and invited apprehensive parents to view the ways in which handicapped and non-handicapped children worked, learned, and played together. In cases where the lack of understanding and empathy was too wide to be bridged readily, the agencies kept apart their work with handicapped and non-handicapped children by means of private lessons and special scheduling.

Transportation

The nature of their handicaps makes it difficult, even dangerous, for some mentally and physically disabled children to travel by themselves. Often compounding this problem, said the agencies surveyed, were long distances between the youngsters' homes and the recreation agencies they attend, the irregularity and even non-existence of public transportation in many areas outside large cities, and the difficulty in helping the children on and off whatever public conveyances were available.

The solutions most often cited by the agencies were parents driving their children to the agency and the use of car pools formed by volunteers and staff (all adequately covered by liability insurance). Additional solutions which you may find helpful in your program are teaching the children, when physically and mentally possible, how to use available public transportation; having your agency buy or rent its own bus; and contacting independent taxi companies to provide cabs specially designed for people in wheelchairs. One additional possibility: some county recreation departments make their own buses available to transport disabled children to and from agencies with recreation programs.

Architectural Problems

Architectural barriers are a difficulty applying with varying degrees of severity to all agencies in the study. The solution most cited was helping children in and out of buildings via delivery entrances, which are wider than regular entrances and which usually have available ramps and elevators. Other solutions include carrying the children, scheduling as many activities as possible on lower floors, and using extra staff personnel to help the children get about. A device that has proved particularly useful at swimming pools are portable wooden blocks of graduated heights which permit moderately handicapped children to move in and out of the water, unaided and at their own pace.

The solutions described above were successful in circumventing some problems posed by architectural barriers, nevertheless, they were no more than improvisations to adapt for the use of disabled children facilities that were constructed without any regard for their physical or human needs. A disabled child's feeling of acceptance and self-worth does not increase when he can enter a building only through the service entrance and a pool only after it has been adapted for his use by special, temporary, devices. If we are truly serious as a nation about meeting the human needs of our millions of disabled children, we will design buildings and equipment that can be used by all children alike. If we do not undertake such a commitment, then the special services we provide to disabled children -- despite all our soothing

words to the contrary -- will only reinforce their feeling that they are second-class citizens destined through no fault of their own to remain forever separate from, and unequal with, other children. It is encouraging to note that a step in the right direction has been taken with the passage of a federal statute, and similar laws in certain states, requiring public buildings to accommodate their facilities to the needs of the disabled in order to qualify for governmental construction funds.

Training of Staff

Mentally and physically handicapped youngsters require attention by staff personnel who are not only deeply concerned about their well-being but also specially trained to provide them with skilled care. The agencies surveyed handled this need by deploying their staff to maximum advantage, trying to assign them to small groups of children, and extending to them as much supervisory leadership as possible. One solution was to set up training sessions between regular staff members and personnel specially trained in work with the retarded and physically handicapped, and often to use the latter in work with large groups of children and in supervisory roles. In working with their own staff personnel, the agencies held detailed orientation meetings and maintained continuous evaluation sessions designed to help them better understand the needs of the children and to examine and improve their methods of meeting them.

Parents of the Disabled

Parents of disabled children have devoted a good share of their lives toward caring for the needs of their youngsters. Because of the powerful emotions such parents feel toward their children, it would be unrealistic to expect them to look upon even the best of recreation programs with complete objectivity. To help alleviate powerful parental anxieties, some agencies surveyed held detailed consultation with parents on a continuing basis, provided for group therapy whenever practical, encouraged the parents to join other programs in the agency, and involved them and their children in family recreation activities. Another solution was to keep the parents continuously up to date on the progress of their youngsters.

Logistics and Scheduling

While eager to help mentally and physically handicapped youngsters, some agencies were naturally enough concerned about the extent to which staff, facilities and equipment would have to be diverted toward this end from regular programs for the non-handicapped. The solution most often cited by these agencies was to identify beforehand the needs of the disabled youngsters, and to plan for them carefully and thoroughly in relation to all ongoing programs. By so doing, some agencies were able to provide programs for the disabled child in the morning and early afternoon, when their facilities were not being used by their normal population; to invite other agencies to occupy their facilities free of charge at non-use hours; and, wherever possible, to schedule disabled children into regular program hours.

Staffing

Several types of agencies that participated in the survey cited as a problem the lack of adequate staff. Their solution: more volunteers, especially youngsters from local high schools and men and women from neighborhood associations. Also, some agencies found that by working together they could make available staff that neither could have provided alone.

Finances

Surprisingly enough, only about half the types of agencies surveyed found finances to be a major problem. Their solutions took four forms: apply for more local, state and federal money; get as much publicity as possible for the program through the schools and other organizations in the hope that it will lead to more and larger contributions; consolidate the recreation programs of several agencies into one comprehensive program; and reallocate available money.

Volunteer Services

Few categories of agencies reported difficulties with volunteers, and these mainly in orienting them to the special needs of the disabled. The solution found most successful was to give the volunteers as much help as possible through formal training and supervision early in the program. Once the volunteers worked into the program, the agencies found, they were usually able to develop confidence, skill, and enthusiasm in helping the children.

Recruitment of the Disabled

A few agencies reported initial difficulties in recruiting children for their recreation program for the disabled. In the main, these problems were no more severe than those found in recruiting children for standard recreation programs. The difficulties were solved by means of publicity, usually brochures, and by recruiting children from health agencies, special education departments in school systems, public health nurses, hospitals, clinics, and departments of welfare.

Coordination with Outside Agencies

Several centers voiced complaints about the poor help offered by cooperating agencies. Those most often cited were lack of coordination, lack of follow-through once a program had begun, and entrusting the program to personnel not well-equipped to handle it. No solutions to this difficulty were reported other than to keep the cooperating agency continuously informed as to areas in which its work was less than desirable. Though not reported in the survey, an effective solution to this obstacle is the establishment of an intra-agency program board.

Safety of the Disabled Children

Because of their physical and mental limitations, disabled children require special attention to insure their safety. Several types of agencies found this to be an area of concern. Whenever possible, materials were brought to the children rather than vice versa, activities were scheduled to avoid peak periods of crowding, and staff made extra efforts to be attentive and observant. Given the proper care, even activities requiring an unusual degree of physical involvement were not ruled out: for example, an agency providing horseback riding simply placed the handicapped children atop tamer horses. It is encouraging to note that agencies generally found the accident rate for disabled children to be about the same as for non-disabled youngsters -- and in some cases even lower.

Maintenance

Like all camps, those providing services for disabled children found physical maintenance of facilities to present a problem. Their solution: recruit as many volunteers as possible to undertake tasks such as painting, repairs, etc. For information on the recruitment and use of volunteers, refer to "What About Volunteers?" on page 6.

A SUMMARY OF SUCCESSFUL PROGRAMS

The survey conducted by New York University's School of Education of over 600 recreation agencies revealed a wide range of successful and innovative programs for mentally and physically disabled children and youth. A sampling of them are listed in this section, in the hope that they may spark ideas for use in your own recreation program.

In a large municipality, each recreation district determines its own type of program for the mentally retarded. These include morning, afternoon, and evening activity centers for youngsters; after-school and evening programs for older retardates; supplemental development programs for youngsters excluded from school; and six-week summer camps. Representative activities: swimming, music, arts and crafts, physical fitness, dramatics, woodwork, softball, team sports, social and square dancing. Special events include appearances by guest entertainers, participation in a nationwide bowling tournament, and special holiday celebrations.

#

A county parks department has made its six parks as accessible as possible to children and adults suffering from disabilities such as cerebral palsy, mental retardation, epilepsy, brain damage, and single and multiple amputations. The department has modified the parks' comfort stations to meet the special needs of the physically disabled, made the parks' grounds more level for easier use by people on crutches or in wheelchairs, waived parking rules for people in wheelchairs, and set up a parking lot next to the children's playground so that handicapped parents can watch their children pl[illegible].

#

Because of their camps' rough terrain, Campfire Girls in certain localities are not able to accept children who suffer from severe physical disabilities; however, they do enroll many mentally retarded girls referred by special agencies and place them with non-retarded children of the same age and interests.

#

A camp operated by a local Kiwanis club provides a full camping experience for youngsters suffering from disabilities such as mental retardation, physical handicaps, blindness, and deafness. Overall, 280 children attend two four-week sessions, one for boys, the other for girls. The children participate in traditional camp activities -- hikes, fishing, swimming, arts and crafts, nature study. The camp staff includes salaried professionals and senior and junior counselors selected from among high school and college applicants. Camp facilities are a two-story log lodge for dining and conferences, a dormitory, a small infirmary, a nurses' cabin, and a service building. The camp has a baseball field, small swimming pool, and a variety of recreation equipment. To maintain the camp, Kiwanians do more than raise funds: they cut wood, paint cabins, lay pipe, clear play areas.

#

The 4H philosophy is learning by doing. Its clubs carry out this credo by helping mentally retarded children and adults to:

1. learn everyday skills: Projects include cooking, sewing, woodworking, gardening, caring for animals. Additional projects involve forestry, photography, and geology, as well as good health practices and personal grooming. In several states, specially trained teachers of the educationally retarded have helped organize and lead 4H school clubs.

2. enjoy group participation: To bring people together, 4H clubs organize hikes and field trips; concentrate on creative group projects such as food preparation, sewing, knitting, woodworking, leathercraft, photography; hold camping experiences (in a recent year, 18 mentally retarded children lived and played with 60 non-retarded 4H boys and girls for six days);

3. find their place in the community: To broaden opportunities for community participation, 4H clubs meet in the homes of the families of the retarded, encouraging all parents to become acquainted. Parents also meet and visit with each other during 4H field trips and picnics. At the same time, the clubs extend participation to club members by having them prepare music for religious programs, cook and serve food at various institutions, iron clothes for others, and teach older retardates how to lead younger ones in 4H programs.

In carrying out its programs for the mentally retarded, 4H seeks to integrate these youngsters with other children wherever possible; when this cannot be done, they organize groups for the retarded alone.

#

A Bureau of Parks and Public Recreation operates three day-camps for mentally retarded children, all under the direction of a full-time therapeutic recreation specialist. Two camps are located within city limits. They operate for nine weeks during the summer and serve approximately 110 children. During the winter, they conduct programs in fitness, swimming, roller skating, gym and bowling. These activities are supplemented by special events such as field trips and plays in the evenings.

The Bureau of Parks' third day-camp is located in a wilderness area outside the city. Children receive opportunities to ford rivers, blaze trails, fish, pick wild fruits, build bridges, cook out, pitch tents, and explore unknown areas around the campsite. Campers are divided into five patrols: two for older children, two for teens, one for young children. Transportation is handled by a 65-passenger bus, and equipment is furnished by the park bureau and private donors. Staff consists of salaried professionals, patrol leaders chosen from among sophomores and juniors at the local college, and specialist leaders selected from among seniors at the local college and the state university.

The Bureau of Parks' camps receive wide publicity through television, radio, newspaper, and camp newspapers distributed to parents and regional organizations.

#

A YMCA and YWCA work together to provide a seven-day-a-week swimming program for physically handicapped and mentally retarded children. Among other severely disabled children, the program has successfully served a boy with leg stubs and a girl lacking a left arm and right leg. A special step system helps children in wheelchairs get in and out of the pool under their own power.

#

The Southern Tier Rotary Clubs enable 50 disabled children to attend a summer camp free of charge. The camp provides the children, many of whom suffer from epilepsy, sensory defects, speech problems, and birth defects, with activities such as archery, swimming, horseback riding, and boating. Each child is examined by a medical board before acceptance and all counselors are handpicked for their interest in working with handicapped children.

#

Sponsored by the YMCA and the local diabetic association, a summer camp conducts a two-week session in which 80 diabetic children work, play, and live with non-diabetic peers. Activities include hiking, handicrafts, archery, nature study, swimming, boating, and riding. The diabetic children sit at the same table with the non-diabetics, but are closely supervised in what and how much they eat. In addition, they receive training in diet, exercise, and use of insulin. The diabetic association augments regular YMCA staff with three doctors, three nurses, and three dieticians.

#

The proceeds of a state open golf tournament provide an athletic program for the disabled patients of a regional rehabilitation hospital. The program features archery, wheelchair basketball, fencing, and javelin-throwing. The hospital's patients, 60 percent of whom are between fifteen and thirty-five years of age, are immobilized in some way, often by brain damage or spinal cord injuries.

#

A council for community service provides planning and consultation in community programs for the disabled, consults with local and state health and recreation groups, evaluates recreation projects, recommends standards for agencies, and lobbies for legislation favorable to the disabled.

#

A public library gives people who work with disabled children -- social workers, Vista volunteers, hospital personnel -- special training in the improvement of their story-telling techniques. It also provides a full range of library services to the children themselves.

#

A horticultural society conducts a program of "plant therapy" for children in schools for the handicapped. Among their activities -- planting flowers and making artificial plants.

#

Throughout the country, the Boy Scouts of America are particularly concerned with the needs of retarded and physically handicapped children and youth. They encourage the inclusion of these children in their troupes and, depending upon the social and physical abilities of each child, enroll him either with children of similar difficulties, or integrate him with non-disabled peers.

#

The TARS "Teens Aid the Retarded" is an organization of young people who work through various community channels to assist the retarded. They help associations for retarded children conduct programs of public information and community education; encourage teenagers to seek careers in social work, recreation, special education for the retarded, remedial aid, and other fields related to service for the retarded; work with retarded children and adults in a variety of activities -- summer camp, teen parties, home care, field trips, bowling, roller skating; and perform clerical work in training and recreation programs. One of TARS' most innovative efforts -- the Foster Vacation Plan, in which a TAR and retarded child spend a week in each other's home.

#

A zoo serves 500 blind and 500 mentally retarded youngsters between the ages of five and twenty-one with a series of comprehensive natural history lectures that emphasize the senses of smell and touch. The zoo also maintains an outdoor theatre in which the children are encouraged to act in plays.

#

An art institute of a major city organized a program in which physically handicapped children in hospitals and agencies all over the state created artwork on a wide range of subjects. The drawings were featured in an exhibition at the institute and judged by professional artists. From there, the show was presented at various agencies for the handicapped across the state, leading to the formation of a group of art teachers to work with disabled youth.

#

An Association for Retarded Children leaves little to chance in lining up community support for its programs. Well before a program is due to begin, the director explains its significance in discussions with all segments of the community -- teachers, parents' groups, policemen, public and private agencies, recreation department staff. With the understanding and support of the community behind her, the director has little trouble in acquiring volunteers, equipment, and facilities she needs.

#

Without waiting for requests from any specific agency, a city recreation department began its own summer day camp. Operated by one college professor and one college student, assisted by high school volunteers, the camp program has expanded over a three-year period from its initial two weeks

to its present seven-week duration. Serving the needs of regional as well as local disabled children, the camp enjoys the active support of health agencies and other municipal recreation departments throughout the area.

#

Most private overnight camps which serve disabled children limit their services to these youngsters alone or try to integrate them in small numbers with non-disabled children. One particular camp, however, is run on a completely integrated basis with half its children disabled and the other half non-disabled. Despite this fact, the camp has found it possible to carry out a full range of normal camp activities.

#

As part of its overall program, a Jewish community center serves four groups of retarded children aged twelve and over. Integrated into many activities with the center's non-retarded youngsters, these children not only participate in many social, cultural, and sports activities, but have at their disposal all the facilities of the center, including a gym, indoor and outdoor pools, and day and resident camps. One additional point: the center puts its facilities at the disposal of other community agencies serving both disabled and non-disabled children.

#

The Girl Scouts of America provides all its leadership personnel with a special manual detailing the needs of disabled children and how to meet them.

#

A planetarium was designed and constructed with particular attention to the needs of disabled people of all ages. Among its features: ramps, low telephones and drinking fountains, special bathroom facilities, adequate space for wheelchairs throughout the building. Other innovative ideas carried out by the planetarium include channeling the view from its telescope through several TV monitors for easy viewing by disabled people, and distributing fluorescent gloves to its speakers and to the deaf people in its audience to facilitate communication by sign language.

#

Referred by their local Verteran's Administration Hospital, approximately twenty disabled veterans, including several under the age of 21, take part in a wide variety of sports, social, and cultural activities operated by a Jewish community center.

#

A rehabilitation institute in a major city arranged a world-wide tour for 24 people in wheelchairs. The group traveled to London, Paris, and Holland. Transportation facilities included planes, buses and trains. In order to assure that the trip would be a success, and to provide for all difficulties that might arise, the institute began planning for the trip almost

a year before it took place. All factors that might affect the health and comfort of the disabled tourists were carefully covered, including seating arrangements on the planes; corridor, room, and bath room space in the overseas hotels; and arrangements well in advance for transportation by bus and rail in the European cities themselves.

#

In 1968 almost 1000 mentally retarded children representing 25 states took part in the first sports event held especially for them: special Olympic matches in a major city. The event was particularly important because, to qualify for it, hundreds of handicapped youngsters participated in local elimination events all over the country, thereby helping to build up programs that did not exist before. Reaching the Olympics, the winners took part in track and field, sports clinics, and special events -- all operated simultaneously by the city's Park District coordinators. Track and field matches included the 50-yard dash, 300-yard run, and 25-yard free-style swim; gold, silver, and bronze medals were awarded in each event. Sports clinics featured famous sports figures and former Olympic champions giving instruction in basketball, hockey, football, roller skating, and track and field. An important part of the special events program was a parade of youngsters displaying their state flags and banners. This special Olympics has become an annual event involving thousands of mentally retarded youngsters in local and regional, as well as, the national competitions.

#

Another highly successful program is the National Wheelchair Games which has been held each year since 1957 in New York City. In 1970, nearly 300 men and women from 28 states competed in archery, bowling, track and field events, swimming, table tennis, slalom, and weightlifting. A team representing the United States is chosen by the National Wheelchair Athletic Committee to compete against other countries in the International Stoke Mandeville Games (Paralympics) held in England.

APPENDIX A

PROJECT ADVISORY COMMITTEE

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APPENDIX B

EDITORIAL ADVISORY COMMITTEE

Mr. John Buckley	Roseville Park and Recreation Department Roseville, Minnesota
Dr. Howard Coleman	West Warwick School District West Warwick, Rhode Island
Mrs. Nancy Johnson	Dallas Association for Retarded Children Dallas, Texas
Miss Mary Elizabeth Ledlie	Milwaukee Public Library Milwaukee, Wisconsin
Mrs. Sandra Little	Elk Grove Park District Elk Grove Village, Illinois
Mr. William F. Roady	Department of Recreation and Parks Newport News, Virginia
Mr. Arthur Rubin	Rehabilitation Institute of Chicago Chicago, Illinois
Miss Kathleen Sughrue	Federal Extension Service Minneapolis, Minnesota

And all members of the Project Advisory Committee (see Appendix A, p. 25).

APPENDIX C

SOURCES OF INFORMATION ON SERVICES FOR THE DISABLED

I. General Information

A. National

The following national agencies and organizations have a variety of materials and publications on planning and conducting programs, facility design and adaptation, meeting special needs and other aspects of providing recreation services to disabled children and youth.

American Association of Health,
Physical Education and Recreation
1201 16th Street, N.W.
Washington, D.C. 20036

American Camping Association
Martinsville, Indiana

American National Red Cross
18th and E Street, N.W. 20006
Washington, D.C.

Boys Clubs of America
771 First Avenue
New York, New York 10017

Boy Scouts of America
New Brunswick, New Jersey

Camp Fire Girls, Inc.
65 Worth Street
New York, New York 10013

Council on Exceptional Children
1201 16th Street, N.W.
Washington, D.C. 20036

Council of Jewish Federations
and Welfare Funds, Inc.
315 Park Avenue South
New York, New York 10010

4-H
Cooperative Extension Service
Department of Agriculture
Washington, D.C. 20505

Girls Clubs of America
133 East 62nd Street
New York, New York 10021

Girl Scouts of America
830 Third Avenue
New York, New York 10022

Library of Congress
Division for the Blind and
Physically Handicapped
1291 Taylor Street, N.W.
Washington, D.C. 20542

National Board of the Young Men's
Christian Association of the U.S.A.
291 Broadway
New York, New York 10007

National Board of the Young Women's
Christian Association of the U.S.A.
600 Lexington Avenue
New York, New York 10022

National Recreation and Park Association
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

National Society for Crippled Children
and Adults, Inc.
2023 West Ogden Avenue
Chicago, Illinois 60612

National Therapeutic Recreation
Society
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

Play Schools Association, Inc.
120 West 57th Street
New York, New York 10010

B. Local

Many communities and most states have local chapters of a number of the agencies and organizations listed above. Check your phone directory to find which ones are located in your community. Other local groups and agencies which might be helpful are:

- council of social agencies
- council of churches
- local and state medical societies

- local and state recreation associations
- local and state occupational therapy associations
- colleges and universities with therapeutic recreation programs (National Recreation and Park Association will send you a list)

Information on Specific Disabilities

II. A. National

The following national organizations distribute information concerning specific disabilities and some publish materials on recreation.

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

American Diabetes Association
18 East 48th Street
New York New York 10017

American Foundation for the Blind
15 West 16th Street
New York, New York 10011

American Heart Association
44 East 23rd Street
New York, New York 10010

Arthritis Foundation
1212 Avenue of the Americas
New York, New York 10036

Epilepsy Foundation of America
733 15th Street, N.W.
Washington, D.C. 20005

Joseph P. Kennedy, Jr. Foundation
1411 K Street, N.W.
Washington, D.C. 20005
(Information on Mental Retardation)

Muscular Dystrophy Associations of America
1790 Broadway
New York, New York 10019

National Association for Retarded Children
420 Lexington Avenue
New York, New York 10017

National Foundation - March of Dimes
800 Second Avenue
New York, New York 10017
(Information on birth defects)

National Association of the Deaf
Suite 318
2025 I Street, N.W.
Washington, D.C. 20006

National Foundation for Neuro-
Muscular Diseases, Inc.
250 West 57th Street
New York, New York 10019

National Multiple Sclerosis Society
257 Park Avenue South
New York, New York 10010

National Society for Crippled Children
and Adults, Inc.
2023 West Ogden Avenue
Chicago, Illinois 60612

National Tuberculosis and Respiratory
Association
1740 Broadway
New York, New York 10019

National Wheelchair Basketball Association
Student Rehabilitation Center
University of Illinois
Urbana, Illinois

President's Committee on Mental
Retardation
Washington, D.C. 20201

Secretary's Committee on Mental
Retardation
United States Department of Health,
Education and Welfare
Washington, D.C. 20201

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10036

National Association for Mental
Health, Inc.
10 Columbus Circle
New York, New York 10019

B. Local

Some of the above organizations have state and local chapters. Check your phone directory for local addresses. By contacting chapters located in your community or state, you are more likely to get the specific information and help you are seeking. Other organizations which are usually locally based and which can be helpful are:

- associations for the blind
- associations for the brain-injured
- associations for the deaf

APPENDIX D

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